STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965411	R **04/26/2018**
NAME OF PROVIDER OR SUPPLIER **LIFETIDES HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3133 LAS OLAS DRIVE** **DUNEDIN, FL 34698**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 4/26/18 to the abbreviated biennial state relicensure survey of 3/08/18. At the time of the desk review, it was determined that the previously cited deficiency at Lifetides Home, Inc., Assisted Living Facility, had been corrected.

(License # 9832)